ARIZONA STATE BOARD OF HEALTH

| | | | 1 TT. / |
|--------|--------|------|-----------------|
| State | File | No | RZ 1 |
| Daniel | horos. | No / | $\omega \sigma$ |

| | BUREAU OF VITAL | STATISTICS | Registered No. /65 | 4 |
|-------|---|--------------------------------------|--|--|
| | O STANDARD CERTIFIC | / 1 | | r dok |
| | County / Ula St | iate Wyon | <u> </u> | e lighty. |
| | District or Township | Village | | į |
| - | City Miami No. 1107 sull (If birth occurred in a hos | wan St. | St., | * |
| | | spital or institution, give it | ts NAME instead of street and number) { | |
| | 2. Full name of child trancisca Lopey | / | supplemental report, as directed. | 1 |
| H | 3. Sex of Child To be answered ONLY) 4. Twin, triplet or other | 6. Legitimate? 7. | | |
| | in event of plural births. 5. No., in order of birth. | yla | of birth Day Year | Ī |
| Ĭ | 1 | 4. | A MOTHER | |
| | 3 | Full maiden name | in Menidesa | |
| | man fromming wife of | | Maria Maria | |
| 30.46 | 9. Residulce (Unal place of abode) Midmi arus. | 15. Residence (Usual place of abo | miami d | |
| | If non-resident, give place and state. | If non-resident, give pla- | ce and state. Wrigour. | |
| | | 16. Color or race | | 79 |
| | MA Pole 11. Age at last birthd (Years) | mey. | 17. Age at last birthday 22 (Years) | |
| | duple | | place) Mlsa | Service of the servic |
| | 12. Birthplace (city or place) | (State or country) | arisona. | |
| | (State or country) | | - July | 1 |
| | 13. Occupation | 19. Occupation Nature of Industry | | THE STATE OF THE S |
| | Nature of Industry | XX | ousewile | |
| ╢ | 20. Number of children of this mother | and now living | 21. Were precautions taken against oph- thalmia neonatorum? | 3 |
| | (Taken as of time of birth of child herein (b) Born alive | but now dead | Yle | a a |
| | reftried and including this county | DATE OF THE OR OF THE OWNER. | E | ** |
| 1 | When the state of this shill who was W. | Born alive or still yrn) | n on the date above stated. | and the second |
| 4 | (*When there was no attending physician) | il m. Gron | $\omega M. \omega$ | 1 |
| " | or midwife, then the father, householder, etc should make this return. A stillborn child is one that neither breathes nor | Phy | laccian | 1.0 |
| | | | (Physician or midwife.) | 11 |
| | Given name added from a supplementl report | wame, | mazona | 1 |
| | 1 2011011, 413, 30 | 12 14 3D. Ke | on one | 1 |
| | Registrar. | | Registrar. | 1 |